

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1997

State File No. _____

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(c) Name of hospital or institution State Hospital No. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs 8 mon 11 day
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME

JAMES DUNN

(b) If veteran, name war NO

(c) Social Security No. None

4. Sex M 5. Color or race C 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased ? D.K. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Approx: 21 hr. min.

9. Birthplace D.K. (City, town, or county) (State or foreign country) 9

10. Usual occupation None

11. Industry or business _____

12. Name LINIC DUNN
13. Birthplace D.K. (City, town, or county) (State or foreign country) 9
14. Maiden name D.K.
15. Birthplace " (City, town, or county) (State or foreign country) 9

16. (a) Informant Husband R. Dunn

(b) Address _____

17. (a) Burial/Removal (b) Date thereof 1 11 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Byrd Brothers' Steam Corp.

(b) Address 114 S. Kinloch, Mo.

19. (a) 1-11-41 (b) R. N. Dunn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 14
(c) City or town ST. LOUIS 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. S. KINLOCH
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 9 year 1940 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from JAN 1, 1941, to JAN 9, 1941; that I last saw him alive on JAN 8, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death BROCCOPNEUMONIA Duration 1 day

Due to Epilepsy

Due to 101

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) While at work? (e) Means of injury _____

23. Signature R. N. Dunn (M. D. or other) M.D.

Address State Hospital #1 Date signed 1/11/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.